

State ILLINOIS

14c. INTERMEDIATE CARE FACILITY SERVICES FOR INDIVIDUALS AGE 65 OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES

Preadmission screening is required.

15a. INTERMEDIATE CARE FACILITY SERVICES (OTHER THAN IN AN INSTITUTION FOR MENTAL DISEASE)

A screening assessment is required prior to admission.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

15b. INCLUDING SUCH SERVICES IN A PUBLIC INSTITUTION (OR DISTINCT PART THEREOF)

A screening assessment is required prior to admission.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

16. INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER 22 YEARS OF AGE

All hospital inpatient psychiatric services are subject to a prepayment review. Only medically necessary inpatient psychiatric care will be covered.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

TN # 91-12 APPROVAL DATE 7-1-91 EFFECTIVE DATE 7-1-91

SUPERSEDES

TN # 90-10

State ILLINOIS

17. NURSE-MIDWIFE SERVICES

Nurse-midwife services are a covered service for all eligible clients, provided the care by the nurse-midwife is provided under supervision of a physician and is not in conflict with the Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1987, Ch. 111, par. 3501 et seq.) and implementing regulations.

Nurse-midwife must have completed a program of study and clinical experience for nurse-midwives accredited/approved by the American College of Nurse-Midwives. A nurse-midwife must have and maintain a current agreement with a physician licensed to practice medicine in all its branches who has hospital delivery privileges. A copy of this signed agreement must be on file with the Department.

18. HOSPICE SERVICES

=10/95 Hospice is a covered service for all eligible clients, including residents of intermediate and skilled care facilities, when provided by a Medicare certified hospice provider and in accordance with provisions contained in 42 CFR 418.1 through 418.405.

Covered services include:

- nursing care;
- physician services;
- medical social services;
- short term inpatient care;
- medical appliances, supplies, drugs and biologicals;
- home health aide services;
- occupational therapy, physical therapy and speech-language pathology services to control symptoms; and
- counseling services.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to EPSDT recipients.

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SUPERSEDES

TN # 95-15

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9. CASE MANAGEMENT SERVICES

10/91 Case management is a covered service for eligible children age birth through 20 when provided by qualified case managers to assure treatments which are medically necessary, to correct or lessen health problems detected or suspected by the screening process.

20. EXTENDED SERVICES TO PREGNANT WOMEN

10/91 The following is a list of major categories of services that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy. There are no limitations applied to these services:

- hospital;
- federally qualified health center (FQHC);
- rural health clinic; and
- physician.

=7/96 Service limits will not be applied to a pregnant woman who is receiving alcohol and substance abuse services. This exemption exists during the pregnancy and through the end of the month in which the 60-day period following termination of the pregnancy ends (post partum period), or until the services are no longer clinically necessary, whichever comes first. These extended limits shall not apply to a woman who enters treatment services after delivery.

21. PEDIATRIC OR FAMILY NURSE PRACTITIONER SERVICES

=7/95 Coverage is limited to services provided by a nurse practitioner who has completed a program of study and clinical experience for certified pediatric or certified family nurse practitioner which is accredited and approved by the appropriate Accreditation Board as defined in Department rule. Further, the nurse practitioner must have and maintain a current agreement with a physician licensed to practice medicine in all its branches who has hospital admitting privileges including delivery privileges where applicable.

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SUPERSEDES

TN # 95-20

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22. RESPIRATORY CARE SERVICES

== 10/91 Respiratory services or treatment which is required to correct or lessen health problems detected by a screening process as medically necessary must be provided to individuals under age 21.

23a. TRANSPORTATION

- ° Ambulance Service: Requires prior approval except in case of emergency, or transfer from one hospital to another hospital for admission or for clients who reside in long term care facilities.
- ° Medicar, service car, taxi, private auto: Requires prior approval except for clients who reside in long term care facilities.
- ° Other (bus, train, airplane, etc.): Requires prior approval.
- ° Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

23b. SERVICES OF CHRISTIAN SCIENCE NURSE

== 10/91 Christian Science nurse services are limited to individuals age birth through twenty when the service is medically necessary, and required to treat a condition identified as the result of screening or diagnosis.

23d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

Preadmission screening is required.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

23f. PERSONAL CARE SERVICES IN RECIPIENT'S HOME WITH A PLAN OF TREATMENT AND FURNISHED BY A QUALIFIED PERSON UNDER SUPERVISION OF A REGISTERED NURSE

== 10/91 Personal care services are limited to eligible children age birth through 20 who require services as a medical necessity to correct or lessen health problems detected or suspected by a health screening.

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SUPERSEDES

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